MUNICIPAL PLAN COMPARISON TEMPLATE *(AS OF JULY, 2008)*

PLANS FOR MEDICARE ELIGIBLE RETIREES & SURVIVORS

	Municipal Plan	*Group Insurance Commission Plans*					
		Harvard Pilgrim Health Care Medicare Enhance [1]	**Unicare State Indemnity Plan Medicare Extension (OME) With CIC**	**Tufts Health Plan Medicare Complement**	**Tufts Health Plan Medicare Preferred**	**Fallon Senior Plan**	**Health New England MedRate**
Coverage Area							
Not Available In These Massachusets Counties		Available in all counties	Available in all counties	Dukes and Nantucket	Berkshire, Dukes, Franklin and Nantucket	Barnstable, Berkshire, Bristol, Dukes, Essex, Nantucket, Plymouth and Suffolk	Barnstable, Bristol, Dukes, Essex, Middlesex, Nantucket, Norfolk, Plymouth and Suffolk
Available in all fifty states		No	Yes	No	No	No	No
General Plan Design Features (All Individual)							
Monthly Premium		$355.94	$355.22	$325.19	$168.25	$199.85	$357.40
Calendar Year Deductible		None	$35	None	None	None	None
Out-of-Pocket Maximum		None	$500	None	None	None	None
Lifetime Maximum, if applicable		None	None	None	None	None	None
Services Provided In A Physician's Office							
Primary Care Physician Office Visit		$10 copay	100% coverage after deductible; $5 copay for preventive care	$10 copay	$10 copay	$10 copay	$10 copay
Specialist Office Visit		$10 copay	100% coverage after deductible	$10 copay	$10 copay	$10 copay	$10 copay
Services Provided In A Hospital Setting							
Emergency Room		$50 copay	$25 copay	$50 copay	$50 copay	$50 copay	$50 copay
Waived if Admitted		Yes	Yes	Yes	Yes	Yes	Yes
Per Admission, Hospital		No copay	$50 copay	No copay	No copay	No copay	No copay
Copay Limits		N/A	One copay per quarter	N/A	N/A	N/A	N/A
Diagnostic X-Ray and Lab Service		No copay	No copay	Labs : No copay X-Rays: $10 copay	No copay	No copay	$10 copay in doctor's office; No copay in other setting
Rehabilitation Hospital		No copay	$50 copay	No copay	No copay	No copay	No copay
Duration Limits		Up to 90 days per benefit period	None	Up to 90 days per benefit period	Up to 90 days per benefit period	Up to 90 days per benefit period	Up to 90 days per benefit period
Skilled Nursing Facility (100 days)		No copay	100% coverage, to 100 days per calendar year for days paid by Medicare); 20% coinsurance $10,000 maximum, for days not paid by	No copay	No copay	No copay	No copay
Duration Limits		100 days	100 days	100 days	100 days	100 days	100 days

	Municipal Plan	*Group Insurance Commission Plans*					
		Harvard Pilgrim Health Care Medicare Enhance [1]	**Unicare State Indemnity Plan Medicare Extension (OME) With CIC**	**Tufts Health Plan Medicare Complement**	**Tufts Health Plan Medicare Preferred**	**Fallon Senior Plan**	**Health New England MedRate**
Physical Therapy, Occupational Therapy & Physical Therapy		$10 copay	100% coverage if Medicare pays; 80% after calendar year deductible, if Medicare does not pay	$10 copay	No copay	$10 copay	$10 copay
Annual Visit Limits		No	No	No	No	No	Up to 90 days per acute episode per year
Occupational Therapy		$10 copay	100% coverage if Medicare pays; 20% coinsurance after calendar year deductible, if Medicare does not pay	$10 copay	No copay	$10 copay	$10 copay
Annual Visit Limits		No	No	No	No	No	Up to 90 days per acute episode per year
Chiropractic Benefit		Yes	Yes	Yes	Yes	Yes	No
Copays and Annual Maximums		$10 copay	20% coinsurance after calendar year deductible; Maximum benefit of $40 per visit; 20 visits per year	$10 copay	$10 copay	$10 copay	N/A
Mental Health Services In-patient treatment, biologically-based condition		No copay	No copay	No copay	No copay	No copay	No copay
Duration Limits		Unlimited days	Unlimited days	60 days per calendar year	Unlimited days	Unlimited days in general hospital; Medicare limits in a psychiatric hospital	Unlimited days
Out-patient treatment, biologically-based condition		$10 copay	No Charge, first four visits; $10 copay, visits five and beyond	$10 copay	$10 copay	$10 copay	$10 copay
Annual Visit Limits		None	None	None	None	None	20 visits
Pharmacy Services Retail Copay							
Tier 1		$10	$7	$8	$10	$10	$10
Tier 2		$20	$20	$20	$20	$20	$20
Tier 3		$35	$40	$35	$40	$40	$40
Mail-Order Copay							
Tier 1		$20	$14	$16	$20	$20	$20
Tier 2		$40	$40	$40	$40	$40	$40
Tier 3		$105	$90	$70	$80	$80	$120
Separate Pharmacy Deductibles		No	No	No	No	No	No

MUNICIPAL PLAN COMPARISON TEMPLATE *(AS OF JULY, 2008)*

PLANS FOR MEDICARE ELIGIBLE RETIREES & SURVIVORS

	Municipal Plan	*Group Insurance Commission Plans*					
		Harvard Pilgrim Health Care Medicare Enhance [1]	**Unicare State Indemnity Plan Medicare Extension (OME) With CIC**	**Tufts Health Plan Medicare Complement**	**Tufts Health Plan Medicare Preferred**	**Fallon Senior Plan**	**Health New England MedRate**
Vision Care							
Vision Exam Coverage		Yes	No	Yes	Yes	Yes	Yes
Frequency		Once every 24 months	Once every 24 months	Once every 12 months	Once every 12 months	Once every 24 months	Once every 12 months
Copay		$10 copay	N/A	$10 copay	$10 copay	$10 copay	$10 copay
Hearing Testing & Services							
Hearing Exams		Yes	Yes	Yes	Yes	Yes	Yes
Frequency		Once every 12 months	When medically necessary	Once every 12 months	Once every 12 months	Once every 24 months	When medically necessary
Copay		$10 copay	None	$10 copay	$10 copay	$10 copay	$10 copay
Hearing Aids							
Benefit		100% of first $500; 20% coinsurance of next $1,500	100% of first $500; 20% coinsurance of next $1,500	100% of first $500; 20% coinsurance of next $1,500	100% of first $500; 20% coinsurance of next $1,500	100% of first $500; 20% coinsurance of next $1,500	100% of first $500; 20% coinsurance of next $1,500
Limits		Benefit available every two years	Benefit available every two years	Benefit available every two years	Benefit available every two years	Benefit available every two years	Benefit available every two years
Ambulance Service Copay		No copay	No copay	No copay	No copay	No copay	$25 per day

The information contained in this spreadsheet is for illustrative purposes only and based on publicly available information. The detailed plan design information for the Group Insurance Commission (GIC) plans and/or the municipal plan(s) has not been approved by either the GIC or the GIC's insurance carriers or by the municipality or the municipality's insurance carriers. With respect to the GIC benefits shown, complete information about specific benefits is contained in the "Summary Plan Descriptions" (known as the GIC's health plans' "Plan Handbooks") for each program, which are available from the GIC. More detailed information about a municipality's plan may be obtained from the municipality. Boston Benefit Partners, LLC does not represent or warrant that the information provided herein specifically reflects any program.